

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2	1					
3		1				
4	1					
5		3				
6		3				
7		3				
8		3				
9		3				
10		3				
11	1					
12	1					
13		1				
14		1				
15		1				
16		1				
17		1				
18		1				
19		1				
20		2				
21	1					
22	1					
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24	1					
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49						
50						
TOTAL IND.	9					
TOTAL DEP.	34					
TOTAL CLAIMS	43					

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL DEP.						
TOTAL CLAIMS						